

EXHIBIT 5
CLAIM FORM

Meyer, et al., v. bebe stores, inc., Case No. 14-cv-00267-YGR

CLAIM FORM

YOU MUST SUBMIT YOUR CLAIM FORM NO LATER THAN [REDACTED].

REQUIRED INFORMATION.

Name (first, middle, and last): _____

Residential Street Address: _____

City, State, and ZIP code: _____

Mobile Telephone Number: (_____) _____

Email Address (optional): _____

Information that you provide in this Claim Form will be used by the Claims Administrator to confirm the validity of your Claim and, if you have timely submitted a valid and complete Claim Form, to send you your Settlement Payment, and to communicate with you if any additional information is needed or problems arise with your Claim Form or Claim.

Please retain in your possession any supporting phone records.

CONFIRMATION OF CLASS MEMBERSHIP

I declare the following:

1. During the period of time between October 16, 2013 and January 21, 2014, I provided my mobile telephone number to bebe in one of bebe's stores at the point-of-sale and received an SMS or text message from bebe or on its behalf before January 2, 2014; and
2. The SMS or text message I received from bebe or on its behalf was at the following mobile phone number: (_____) _____

ACKNOWLEDGEMENT

I have received Notice of the class action Settlement in *Meyer, et al., v. bebe stores, inc.*, Case No. Case No. 14-cv-00267-YGR, and I am a member of the class of persons described in the Notice. I agree to release all the claims, known and unknown, stated in Section 4.4 of the Settlement Agreement that is posted on the Settlement Website at [REDACTED]. I submit to the jurisdiction of the U.S. District Court for the Northern District of California with regard to my Claim and for purposes of enforcing the release of claims stated in the Settlement Agreement. I am aware that I can obtain a copy of the long-form notice and Settlement Agreement from the Settlement Website at [REDACTED] or by emailing the

Claims Administrator at [REDACTED]. I agree to furnish additional information to support my Claim if required to do so. I understand that the Claims Administrator will reject my Claim Form if it is not complete, valid, accurate, and/or timely based upon its review of bebe's customer relationship management database and other records publicly available to bebe or the Claims Administrator.

I UNDERSTAND AND AGREE THAT BY SUBMITTING THIS CLAIM FORM I AM CERTIFYING UNDER PENALTY OF PERJURY OF THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT CHECKING THIS BOX CONSTITUTES MY ELECTRONIC SIGNATURE ON THE DATE OF ITS SUBMISSION.